

REQUEST FOR PAYMENT

CDBG and HOME Investment Partnership Programs

1. MAIL <u>3</u> COPIES TO: (EACH W/ORIGINAL SIGNATURE) (Asset Manager) Division of Housing 1313 Sherman St., Rm. 518 Denver, CO 80203	2. TYPE OF PAYMENT <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Advance <input type="checkbox"/> Final	3. RECIPIENT ORGANIZATION
4. PERIOD COVERED BY THIS REQUEST: FROM: _____ TO: _____	5. PAYMENT REQUEST #	6. CONTRACT NUMBER:

(Accounting purposes only.) CPS PROJECT NUMBER/HUD ACTIVITY NUMBER. PAYMENTS CANNOT BE PROCESSED WITHOUT THESE NUMBERS.	BUDGET LINE ACTIVITY	AMOUNT REQUESTED
TOTAL		

The above total must equal the Amount of the CDBG/HOME payment now being requested (Line c. Below)

7. COMPUTATION OF AMOUNT OF REIMBURSEMENT REQUESTED	
a. TOTAL CDBG/HOME EXPENDITURES AS OF DATE:	
b. TOTAL CDBG/HOME PAYMENTS PREVIOUSLY REQUESTED	
c. CDBG/HOME PAYMENT NOW REQUESTED (Line 8a Minus Line 8b)	

8. CERTIFICATION. I certify to the best of my knowledge and belief the data above is correct and that all expenditures were made in accordance with the grant requirements.

SIGNATURE OF AUTHORIZED OFFICIAL _____.

NAME AND TITLE (Type or Print) _____.

DATE SUBMITTED: _____ Name & Telephone Number of Person Completing Report if Different: _____.